

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000092074

Entity Name: WELLCARE CLINIC INC

**FILED**  
**Jun 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11865 SW 26 ST  
UNIT B-14  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

11865 SW 26 ST  
UNIT B-14  
MIAMI, FL 33175

**New Mailing Address:**

FEI Number: 27-3946170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SARDINAS, KEYTTIA  
9356 SW 40TH STREET  
MIAMI, FL 33165 US

**Name and Address of New Registered Agent:**

SABRY, TAMER  
11865 SW 26 ST B-14  
MIAMI, FL 33175 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TAMER SABRY

06/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SABRY, TAMER A  
Address: 13754 N.W. 18 COURT  
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TAMER SABRY

P

06/01/2011

Electronic Signature of Signing Officer or Director

Date